

APPLICATION FOR ARCHITECT LICENSURE BY ENDORSEMENT

APPLICATION INSTRUCTIONS

Please complete the reverse side of this form by providing all of the requested information . Your signature must be notarized and the appropriate fees must be attached. Submit the completed form to the address noted below. To be considered by the Board, properly completed applications must be received by the Executive Secretary at least thirty (30) days prior to the first day of the month in which the Board will meet.

NOTE: ANY PRACTICE OR SOLICITATION OF ARCHITECTURE IN IDAHO PRIOR TO OBTAINING A VALID LICENSE IS UNLAWFUL AND MAY RESULT IN CRIMINAL PROSECUTION AND DENIAL OF LICENSURE. (54-305. & 54-310., I.C.)

Please read all questions carefully. All requested information and fees must be provided. Failure to provide a complete application will result in its return to you.

ENDORSEMENT APPLICATION FEE \$150.00

SEISMIC DESIGN SKILLS & KNOWLEDGE REQUIREMENT

Rule 300.02

Each applicant for license under endorsement to practice architecture in the state of Idaho shall submit evidence of his skill and knowledge in seismic design and such evidence shall be submitted and signed by the applicants acknowledged before a notary public, and shall contain one of the following statements:

- i. "I have passed the examinations in Building Construction and Structural Design of the Western Conference of State Architectural Registration Boards in June 1963 or since and/or the NCARB in 1965 or since."
- ii. "I am registered in the State of _____ in 19____, where competence in seismic was a requirement for registration since _____, 19____."
- iii. Certification of the successful completion of the seismic seminar approved by the National Conference of Architectural Registration Boards.

All applicants shall attach to their statement a certification from their State architectural registration agency attesting the adequacy of the cited seismic examination.

ATTACH THE FOLLOWING

Please attach current letters of reference addressing your character, training, and experience from three (3) currently licensed architects **who are not in or employed by the same firm as, or an employee of, the applicant.**

PHOTOGRAPH: A 2" X 3" photograph of yourself, taken within 1 year of this application must be attached below.

ATTACH PHOTOGRAPH HERE

HEIGHT _____

WEIGHT _____

EYE COLOR _____

HAIR COLOR _____

OTHER DISTINGUISHING FEATURES

Questions regarding this application or the requirements for licensure may be addressed to:

BUREAU OF OCCUPATIONAL LICENSES

1109 Main Street, Suite 220

Boise, Idaho 83702-5642

(208) 334-3233

FAX (208) 334-3945

E-mail - csimpson@ibol.state.id.us

Web site - www2.state.id.us/ibol/arc.htm

STATE OF IDAHO
BUREAU OF OCCUPATIONAL LICENSES
1109 Main Street, Suite 220
Boise, Idaho 83702-5642

APPLICATION FOR ARCHITECT LICENSURE BY ENDORSEMENT

(see instructions)

I hereby submit my qualifications and make application for an Architect license in the State of Idaho under the provisions of Title 54, Chapter 3, Idaho Code as amended and provide the following:

1. **Full Name** (Mr., Mrs., or Ms.) _____

2. **Mailing Address** _____
Street/PO Box City State Zip

3. **Date of Birth** ____/____/____ **Place of Birth** _____ **Social Security No.** ____/____/____
month day year

A 2" X 3" photograph of yourself, taken within 1 year of this application & proof of age must be attached.

(A copy of your birth certificate, passport, military ID, or valid driver's license is acceptable for proof of age.)

4. **Daytime phone** (____) _____ **Fax** (____) _____ **E-mail** _____

5. **Do you hold a National Council (NCARB) record (Green cover) or certificate? (Blue cover)** []Yes []No

(If Yes, your NCARB record or certification must be received before your application will be processed & you may skip number 6 below. If No, continue to number 6.) 54-302A, I.C.

6. **Are you a graduate of an accredited architectural curriculum & have 3 years architectural experience?** []Yes []No

(If Yes, this office must receive official educational transcripts directly from the university/college registrar AND documentation of 3 years experience. Verification letters from past employer are required to document experience.) 54-302.1.a., I.C. & Rule 300.01.e.

If No, you must submit satisfactory evidence that you have attained the educational equivalent, AND documentation of 8 years of architectural experience. Verification letters from past employer are required to document experience.) 54-302. I.C.

7. **Are you currently or have you ever been licensed in Idaho or any other state(s)?** []Yes []No

(If Yes, we must receive certification of said licensure(s) directly from each issuing authority OR your NCARB certification before your application will be processed.) 54-302A. I.C.

8. **Have you ever had a license, certification, or registration revoked, suspended or otherwise sanctioned?** []Yes []No

(If yes, a copy of the charges and the final order must be received before your application will be processed.) 54-305. I.C.

9. **Have you ever been convicted of any State or Federal felony?** []Yes []No

(If yes, a detailed statement, a summary of the charges, the final order, any probation or parole documentation, and any other relevant information must be received before your application will be processed.) 54-305. I.C.

10. **Have you solicited or practiced architecture or been self-represented as an architect in this state prior to this application?**

(If Yes, please attach a supplemental explanation.) 54-305. & 54-310. I.C. []Yes []No

AFFIDAVIT

I hereby certify under oath that the responses provided above and those attached to this application are true and accurate to the best of my knowledge and belief. I further certify that I have reviewed and will comply with the Idaho Laws and Rules governing the practice of Architecture, and the National Council of Architectural Registration Boards' Rules of Conduct as adopted by the Idaho Board. I also hereby authorize and direct any person, agency, firm, or other entity to release, upon the request of the Bureau of Occupational Licenses or it's authorized representative, any information, communication, report, record, statement, recommendation, or disclosure that may have bearing on my eligibility for or maintenance of the license for which I am applying. I understand that by signing this form I am authorizing the release of information about me that may otherwise be protected or confidential.

Signature of applicant

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public official signature

residing at _____

my commission expires _____